

# Rutgers COVID-19 Testing Form Examples

## Long Form

### Create Full Form Questionnaire

**#1) Have you been tested for COVID-19 outside of Rutgers?**

Yes, with a PCR or antigen test  
 Yes, with antibody tests  
 No

**Some questions are for epidemiological purposes.**

**During a pandemic and community spread, exposure to the virus may be suspected, even without confirmed exposure.**

**Person Information**

First Name

Last Name

Middle Initial

E-Mail Address

Phone Number

Birth Date

Home / Local Address

Secondary / Campus Address

Identify your sexual orientation

Race

Current gender identity

Ethnicity

Gender at Birth

Are you pregnant?

Is this your first COVID test?  
 Yes  No

Are you currently or plan on living on campus?  
 Yes  No

Are you employed in healthcare?  
 Yes  No

Are you a student in healthcare?  
 Yes  No

Are you either a faculty, staff, or student involved with or a part of the community as recommended for testing as part of the University's targeted testing program through TPAG?  
 Yes  No

**Insurance Information**

Carrier Name

Group Number

Insurance/Member ID

Policy Number

Insured Name

Relationship to Insured

**University Affiliation**

Person Type  
 Student  Employee

Institution  
 Rutgers  RBHS

Campus  
 Newark  Camden  
 New Brunswick

**#2) Please indicate if you have any of the following underlying conditions (check all that apply):**

Heart disease  
 Lung disease  
 Kidney disease  
 Diabetes  
 Chemotherapy or other immune disorders such as lupus, rheumatoid arthritis  
 I have none of these conditions

## Short Form

### Short Form Questionnaire

Some questions are for epidemiological purposes.

During a pandemic and community spread, exposure to the virus may be suspected, even without confirmed exposure.

#1) Please indicate if you currently have any of the following symptoms (check all that apply):

- Cough (new onset or worsening)
- Shortness of breath
- Sore throat
- New loss of taste or smell
- Fever or Chills
- I currently have none of these symptoms

#2) Have you had close contact with a confirmed case of COVID-19 in the past 14 days?

- Yes
- No


#3) Collection Date & Time of saliva sample

Collection Date

- 12/10/2020
- 12/11/2020

Collection Time

**The Short Form Questionnaire can only be completed if you will be submitting a COVID test within the next 24 hours**

 Submit Questionnaire